

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33486

1. Entity Name

THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.

Principal Place of Business

P.O. BOX 1583

EUSTIS FL 32727-1583
US

Mailing Address

P.O. BOX 1583
EUSTIS FL 32727-1583
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2980181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLUCHINO, JOSEPH
35406 HIGHLAND DRIVE
EUSTIS FL 32736

Name

MARK J. VOCCI

Street Address (P.O. Box Number is Not Acceptable)

34324 PARK LANE

City

LEESBURG

FL

Zip Code

34788

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Mark J. Voci

MARK J VOCCI

1/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SARGENT, FRANK	
STREET ADDRESS	30403 ORANGE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOCCI, MARK	
STREET ADDRESS	34324 PARK LANE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIBERNINI, JOSEPH	
STREET ADDRESS	41516 CO. ROAD H52	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	RS	<input type="checkbox"/> Delete
NAME	SULSENTI, GRACE	
STREET ADDRESS	20138 SUGARLOAF MT. ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUNOV, TONI	
STREET ADDRESS	330 RIVERGLASS COURT	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLUCHINO, JOSEPH	
STREET ADDRESS	35406 HIGHLAND DRIVE	
CITY-ST-ZIP	EUSTIS FL 32736	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIUS J DEGRIGORIO	
STREET ADDRESS	2710 E. WASHINGTON	
CITY-ST-ZIP	EUSTIS 32726	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH LIBERNINI	
STREET ADDRESS	41516 CO ROAD H52	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK GIAMBRI	
STREET ADDRESS	10 E MAIN RILEYS PARK	
CITY-ST-ZIP	MT DORA 32757	
TITLE	RS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY MATTHEWS	
STREET ADDRESS	17100 S.R. H52	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONI LUNOV	
STREET ADDRESS	330 RIVERGLAS	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK VOCCI	
STREET ADDRESS	34324 PARK LANE	
CITY-ST-ZIP	LEESBURG FL 34788	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK VOCCI

1/27/00

589-2020

Date

Daytime Phone #

CR2E037 (9/99)